PTO/SB/17 (12-04)

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Under the Paperwork Reduction of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 09/779,642 FEE TRANSMITTAL Filing Date February 9, 2001 For FY 2006 First Named Inventor MASANARI TODA **Examiner Name** Satwant K. Singh Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2626 **TOTAL AMOUNT OF PAYMENT** (\$) 0.00Attorney Docket No. 03500.015104 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Х Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Х Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee(\$) Fees Paid (\$) Fee(\$) Fee(\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = \_\_\_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:

SUBMITTED BY		
Signature	Mald W Registratio (Attorney/A	n No. Telephone 202-530-1010
Name (Print/Type)	Mark A: Williamson	Date: January 20, 2006